

Attorney Docket No.: ACP 2-021

#11  
K. Cobb  
10/3/03

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of )  
Donald R. Youell, Jr. )  
Serial No. 09/865,229 ) Examiner Paul R. Durand  
Filed: May 25, 2001 ) Group Art Unit 3721  
For: Automobile Part Shipping System )  
and Method )

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Applicant hereby requests a three month extension of time up to and including September 28, 2003, to file a request for continued examination. Please deduct the fee from our deposit account.


The Commissioner hereby is authorized to charge any excess fees or credit any overpayment to Deposit Account No. 13-4830. A duplicate of this sheet is enclosed.

Respectfully submitted,

  
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Jane Keeney  
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PTO/SB/21 (05-03)

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/865,229	
	Filing Date	May 25, 2001	
	First Named Inventor	Donald R. Youell, Jr.	
	Art Unit	3721	
	Examiner Name	Paul R. Durand	
Total Number of Pages in This Submission	5	Attorney Docket Number	ACP 2-021

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Request for Continued Examination (RCE) Transmittal		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm or Individual name: Mueller and Smith, LPA Signature: <i>Diane E. Burke</i> Date: September 25, 2003		

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Typed or printed name	Jane Keeney		
Signature	<i>Jane Keeney</i>	Date	September 25, 2003

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